



## INCIDENT SUMMARY

Permit Number: \_\_\_\_\_ Event Type & Status: \_\_\_\_\_

Organisers: \_\_\_\_\_ Number of Entries: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Solo: \_\_\_\_\_ Sidecar: \_\_\_\_\_

Venue: \_\_\_\_\_ Discipline: \_\_\_\_\_

Clerk of the Course: \_\_\_\_\_ Meeting Secretary: \_\_\_\_\_

Event Stewards    Southern CTRL: \_\_\_\_\_ Ulster CTRL: \_\_\_\_\_

Number of Races in Meeting: \_\_\_\_\_ No of Laps: \_\_\_\_\_ Lap Distance: \_\_\_\_\_

Average number of Starters per Race: \_\_\_\_\_

### INCIDENTS

Total Number of Incidents: \_\_\_\_\_

a) Total involving Spectators: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
b) Total involving other non-participants: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
c) Total involving Officials: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
d) Total involving Competitors only: \_\_\_\_\_ How many Persons?: \_\_\_\_\_

*Where incidents occurred, separate Incident Forms must be submitted for each one.*

How many incidents resulted in:

a) Transport to Hospital by Ambulance: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
b) Transport to Hospital by other means: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
c) Medical or First Aid treatment at event: \_\_\_\_\_ How many Persons?: \_\_\_\_\_

What was the nature of the injuries?

a) Death: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
b) Serious or life threatening: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
c) Loss of consciousness: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
d) Broken bones: \_\_\_\_\_ How many Persons?: \_\_\_\_\_  
e) Grazing or bruising: \_\_\_\_\_ How many Persons?: \_\_\_\_\_

**The Incident Summary must be completed for all events no matter what the Discipline**

**This form must be completed and returned to the Centre even if NO incidents occur.**